

Program Overview: Prolonged Exposure Therapy

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Other Therapy Programs	Definitions/ Notes
Program Name	Prolonged Exposure Therapy	
History of Program	Prolonged exposure therapy is a cognitive-behavioral treatment designed to reduce the symptoms of posttraumatic stress disorder resulting from exposure to a traumatic event. The program consists of four treatment components: (a) clinical interview including assessment of PTSD symptomatology, psychoeducation about common reactions to trauma, and construction of client's troublesome thoughts and avoided situations (b) training in controlled breathing to help clients manage anxiety (c) imaginal exposure to the memory of the traumatic event, both in session, and as homework (d) in-vivo exposure to trauma reminders that are avoided and feared. Treatment usually involves 9-12 sessions 90 minutes in length, delivered once or twice per week. Treatment is provided by trained masters or PhD level psychologists. Manuals specifying treatment protocols are available.	
Description of Program as it Relates to addressing Children's Exposure to	Prolonged exposure therapy has been shown to be highly effective for reducing the symptoms of PTSD associated with sexual and nonsexual assault, including avoidance, intrusion, and arousal. Moreover, for most clients, gains in	Might be an effective program for adolescents. No evidence that prolonged exposure therapy has been tested with people under age 21.

Highlighted text indicates program components are currently under review. Changes may be pending.

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Violence	symptom reduction during treatment are maintained at 12 months following treatment.	
Service Continuum	Tertiary/Targeted Intervention	
Primary Exposure Type	Maltreatment (non-specific) Sexual Abuse Physical Abuse	
Target Population	Individual Children/ Youth	
Target Gender	Females	Reported studies utilize an entirely female population.
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? No	
Primary Settings	Mental Health Community Agency	
Persons or Entities in charge of delivering Program	Mental Health Providers (e.g., Social Workers, Therapists)	
Primary Components	Assessment/ Triage/Screening Child Individual Therapy	

Resource & Capacity Planning

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Length/Duration of Program	Please Describe: 9-12 biweekly sessions, delivered once or twice per week. Typical treatment duration is 4.5 to 12 weeks.	
Required Materials	Manuals/Program materials Video/Audio Equipment	Sessions with therapists are audio recorded for patients to listen to at home between sessions.
Training Requirements	Face-to-face training Supervision Consultation	Initial training in prolonged exposure generally consists of a five day workshop utilizing lecture, videotapes of experienced practitioners, and role play. Supervision is required but may be accomplished by videotaping sessions and telephone feedback, if necessary. Additionally, a 2-day booster workshop every six months for the first two years of practice is recommended.
Provider Certification/ Training/ Requirements	Special Service Area Required (e.g., Social Worker, Doctor) Professional Licensure Required	Treatment is administered by masters or PhD level licensed psychologists.
System or Agency Recommendations for Serving CEV Populations	With-in Agency Support & Infrastructure Agencies need to provide time for PE training, which usually requires about 5 days of in-person training, as well as support for ongoing supervision.	
Costs of Implementation	Not Yet Available. Contact Developers	

Evidence for Children's Exposure to Violence

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Violence Exposure- Related Outcomes	<p>Child (Briefly Describe)</p> <p>Compared to participants treated with anxiety-management programs, supportive counseling, or those in control (no treatment) groups, young female victims of sexual or nonsexual assault show significant improvements in the severity of posttraumatic stress symptoms (avoidance, intrusion, and arousal) and social functioning, as well as show significant reductions in depression. In two randomized studies, 40-60 % of patients improved sufficiently that they no longer met the diagnostic criteria for PTSD at post-treatment. Gains made during treatment appear to be stable at 12 months following treatment.</p>	
Additional Research Information	<p>Study 1:</p> <p>Design, Setting, Participants: 45 females victims of rape or attempted rape were randomly assigned to prolonged exposure therapy (n = 10), stress inoculation training (n = 14), supportive counseling (n = 11), or a waitlist control (n = 10) condition. Time since the assault ranged from 3 months to 12 years, with a mean of 6.2 years. Participants were assessed at pretreatment, posttreatment, and three months after treatment. Treatment for each condition consisted of nine 90-minute sessions, for a treatment duration of 4.5 weeks. Therapists were trained in the treatment they provided and all sessions were supervised in order to minimize deviation from treatment protocol. An additional ten participants began but did not finish treatment. Assessors were blind to treatment</p>	<p>Reference Study 1: Foa, E.B., Rothbaum, B. O., Riggs, D. S., & Murdock, T. B. (1991). Treatment of posttraumatic stress disorder in rape victims: A comparison between cognitive-behavioral procedures and counseling. <i>Journal of Consulting and Clinical Psychology, 59</i>(5).</p> <p>Reference Study 2: Foa, E.B., Dancu, C. V., Hembree, E. A., Jaycox, L. H., Meadows, E. A., & Street, G. P. (1999). A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. <i>Journal of Consulting and Clinical Psychology, 67</i>(2).</p>

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	<p>condition.</p> <p>Outcome Measures: Posttraumatic stress disorder severity and symptomatology, including avoidance, intrusion, and arousal was assessed using a clinical interview. Fear and other rape-related symptomatology was assessed with the Rape Aftermath Symptom Test (RAST). Depression and anxiety were measured using the Beck Depression Inventory (BDI) and the State-Trait Anxiety inventory (STAI). Additionally, the degree of motivation and compliance exhibited by the participant was measured with the Motivation for behavior Change Scale (MBCS) and the perceived credibility of the treatments was measured with a nine-point Likert type scale.</p> <p>Study 2</p> <p>Design, Setting, Participants: 96 women who were victims of sexual assault (n = 69) or nonsexual assault (n = 27) and met the diagnostic criteria for post traumatic stress disorder were randomly assigned to one of four conditions: stress inoculation training, prolonged exposure, combined exposure and stress inoculation training, or waitlist control. Participants were assessed at pretreatment, posttreatment, and at 3, 6, and 9 months after treatment conclusion. Treatment consisted of nine bi-weekly sessions. The first two sessions were 120 minutes in duration and the final seven sessions were 90 minutes. Treatment was provided by PhD level psychologists trained to use manuals with precise treatment guidelines for each session. Therapists were supervised. Evaluations were conducted by training clinicians who were blind to treatment assignment.</p> <p>Outcome Measures: Posttraumatic stress disorder severity and symptomatology was measured with the</p>	<p>Reference Study 3: Foa, E.B., Hembree, E. A., Cahill, S.P., Rauch, A. M., Riggs, D. S., Feeny, N. C., Yadin, E. (2005). Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: Outcome at academic and community clinics. <i>Journal of Consulting and Clinical Psychology</i>, 73(5).</p>

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	<p>PSS-I. General functioning was measured with the Global subscales of the Social Adjustment Scale (SAS). The Beck Depression Inventory was used to measure depression. Anxiety was measured with the State Anxiety subscales of the State-Trait Anxiety Inventory (STAI).</p> <p>Study 3:</p> <p>Design, Setting, Participants: 179 women who had experienced rape, nonsexual assault, or childhood sexual abuse and with a primary diagnosis of posttraumatic stress disorder were randomly assigned to one of three conditions: prolonged exposure therapy (n = 79), prolonged exposure therapy plus cognitive restructuring (n = 74) or waitlist control (n = 26). Standard treatment consisted of 9 weekly sessions that lasted 90 - 120 minutes; patients that did not show a 70% reduction in symptoms of PTSD were offered 3 additional sessions. Treatment was provided by trained and supervised therapists, using detailed manuals that described treatment protocols. All sessions were videotaped in order to evaluate fidelity to the treatment plan. Evaluations were conducted by training clinicians who were blind to study condition.</p> <p>Outcome Measures: Posttraumatic stress disorder severity and symptomatology, were assessed with the Interview and Self Report versions of the PTSD Symptom Scale (PSS-I, PSS-SR). The Social and Work scales of the Social Adjustment Scale (SAS) were used to measure functioning in these areas. Depression was measured with the Beck Depression Inventory.</p>	
<p>Is this Program an Evidence-Based Practice in other Family/ Youth</p>	<p>Yes</p> <p>Endorsements</p> <p>OJJDP Model Program</p>	<p>Prolonged exposure therapy has been demonstrated to be highly effective for reducing the symptoms of posttraumatic stress and</p>

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Development Areas?	Findyouthinfo.gov Other (describe): SAMHSA model program	depression, as well as improvements in social functioning in women who have experienced assault. Improvements in psychological and social functioning have been shown to be improved over a period of 12 months following treatment.
Evaluation Designs of other evaluations	Waitlist control (randomized or pseudo randomized)	All three studies cited utilized 2-3 treatment groups, and a waitlist control group that received no treatment.
Sources	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) OJJDP Model Programs Find Youth Info	ank

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Selected Publications/References

Cahill, S.P., Foa, E.B., Hembree, E. A., Marshall, R.D., Nacash, N. (2006). Dissemination of exposure therapy in the treatment of posttraumatic stress disorder. *Journal of Traumatic Stress, 19*(5).

Foa, E.B., Dancu, C. V., Hembree, E. A., Jaycox, L. H., Meadows, E. A., & Street, G. P. (1999). A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. *Journal of Consulting and Clinical Psychology, 67*(2).

Foa, E.B., Hembree, E. A., Cahill, S.P., Rauch, A. M., Riggs, D. S., Feeny, N. C., Yadin, E. (2005). Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: Outcome at academic and community clinics. *Journal of Consulting and Clinical Psychology, 73*(5).

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Yule, William. (2001). Post-traumatic stress disorder in children and adolescents. *International Review of Psychiatry, 13*(3).